

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

FEB 07 2011

Secretary of State
Capitol Office

DATE STAMP

Name of Candidate Mary H. Coleman

Address 308 Lynwood Lane

Telephone JACKSON Fax _____

Contact Name Mary H. Coleman Email _____

Office Sought State Representative Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 3,750 +\$ 0 =	\$ 3,750.00	\$ 3,750.00
Total amount of disbursements	\$ 400.00 +\$ 400.00	\$ 400.00	\$
Total amount of cash on hand		\$ 3,350.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Mary H. Coleman
Signature of Candidate

February 7, 2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Coleman Campaign
Reporting period JANUARY 1, 2010 through DECEMBER 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T Mississippi Political Action Committee</u>		<u>8-6-2010</u>	\$ <u>250.00</u>
Mailing Address <u>175 East Capitol St. Suite 702</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Jackson, MS 39201-2135</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centene Corp</u>		<u>8-24-2010</u>	\$ <u>1,000.00</u>
Mailing Address <u>111 East Capitol Street</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>JACKSON, MS 39201</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required) <u>Insurance</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chevron</u>		<u>9-13-2010</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1300</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Pascagoula, MS 39568</u>		<u>___/___/___</u>	\$ <u>500.00</u>
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required) <u>Oil Industry</u>		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Norvartis</u>		<u>10-22-2010</u>	\$ <u>250.00</u>
Mailing Address <u>172 Peppertree Drive</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>Kingsport, TN 37664</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required) <u>Pharmaceutical</u>		Aggregate year-to-date	\$ <u>250.00</u>

Name of Candidate or Committee Cokman Campaign Fund Page 2 of 2
 Reporting period Jan. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Allergan, USA, INC</u>		<u>11/04/2010</u>	\$ <u>500.00</u>
Mailing Address <u>2525 Dupont Drive</u>		___/___/___	\$
City, State, Zip Code <u>Irvine, California 92612</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) <u>Pharmaceutical</u>		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Check Into Cash, INC</u>		<u>9/24/2010</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 550</u>		___/___/___	\$
City, State, Zip Code <u>Cleveland, Tennessee 37364-0550</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) <u>Payday Advance</u>		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Abbot Laboratories Employee PAC</u>		<u>10/06/2010</u>	\$ <u>250.00</u>
Mailing Address <u>4108 Hilldale Drive</u>		___/___/___	\$
City, State, Zip Code <u>Knoxville, TN 37914</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) <u>Pharmaceuticals</u>		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ameristar Casino - Vicki King</u>		<u>12/01/2010</u>	\$ <u>500.00</u>
Mailing Address <u>3773 Howard Hughes Pkwy</u>		___/___/___	\$
City, State, Zip Code <u>Las Vegas, NV 89169</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required) <u>Gambling</u>		Aggregate year-to-date	\$ <u>500.00</u>